VIROLOGY/IMMUNOLOGY REQUEST

State Form 35212 (R4/10-07)
CLIA Certified Laboratory #15D0662599

Reset Form

ISDH Lab No. _____

Date Rec'd _____

DATE OF ONSET MUST BE PROVIDED FOR TESTING
SPECIMEN/FORM WITHOUT NAME AND DATE OF COLLECTION WILL NOT BE ANALYZED

Patient's Name _____
(Last) (First) (Middle)

Birthdate _____ Race _____ Sex _____ County _____ Occupation _____

Date of onset ___/___/___ Type of Specimen: _____

Collection Date: ☐ Specimen ___/___/___ Source of Specimen: _____
☐ Acute serum ___/___/___
☐ Convalescent serum ___/___/___

Specific Agent Suspected : _____

LABORATORY EXAMINATIONS AVAILABLE

SEROLOGY

- ☐ Adenovirus
- ☐ Arbovirus (EEE, WEE, SLE, CE, and WNV)
- ☐ Coronavirus (SARS-CoV, Urbani strain)
- ☐ Coxiella (Q-Fever)
- ☐ Ehrlichia
- ☐ Hantavirus
- ☐ Histoplasma
- ☐ Influenza virus
- ☐ Legionella
- ☐ Mumps ☐ IgM ☐ IgG
- ☐ Mycoplasma pneumoniae
- ☐ Parainfluenza virus
- ☐ Respiratory Syncitial Virus (RSV)
- ☐ Rocky Mt. Spotted Fever
- ☐ Rubella ☐ IgM ☐ IgG
- ☐ Rubeola ☐ IgM ☐ IgG
- ☐ Typhus
- ☐ West Nile Virus
- ☐ Varicella (VZV) ☐ IgM ☐ IgG
- ☐ Other_____

CULTURE	**Preferred Source**
☐ Adenovirus	
☐ Cytomegalovirus (CMV)	
☐ Enterovirus (Coxsackievirus, Echovirus)	Stool
☐ Herpes Simplex (HSV)	
☐ Influenza virus	Nasopharyngeal (NP)
☐ Measles	
☐ Mumps	
☐ Parainfluenza virus	Nasopharyngeal (NP)
☐ Respiratory Syncitial Virus	
☐ Rubella	
☐ Varicella virus (VZV)	
☐ Other_____	

PCR	**Preferred Source**
☐ Norovirus	Stool
☐ Mycoplasma pneumoniae	Nasopharyngeal (NP)
☐ Other_____	

SYMPTOMS

General
- ☐ Fever (°)
- ☐ Headache
- ☐ Sore Throat
- ☐ Cough
- ☐ Myalgia
- ☐ Anorexia
- ☐ Otitis
- ☐ Parotitis

Respiratory
- ☐ Common Cold
- ☐ Acute Resp. Distress
- ☐ Bronchitis
- ☐ Pneumonitis
- ☐ Pharyngitis
- ☐ Upper Resp. Infection

CNS
- ☐ Encephalitis
- ☐ Meningitis
- ☐ Neck Rigidity
- ☐ Seizures
- ☐ Paralysis
- ☐ Chorea

Gastrointestinal
- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Abdominal Pain
- ☐ Constipation
- ☐ Gastroenteritis

Exanthema
- ☐ Maculopapular
- ☐ Papular
- ☐ Hemorrhagic
- ☐ Vesicular
- ☐ Petechial
- ☐ Erythema Migrans
- ☐ Oral Lesion
- ☐ Genital Lesion

Cardiovascular
- ☐ Myocarditis
- ☐ Pericarditis
- ☐ Endocarditis
- ☐ Cardiomegaly

Ocular
- ☐ Conjunctivitis
- ☐ Chorioretinitis
- ☐ Blurred Vision

Organomegaly
- ☐ Splenomegaly
- ☐ Hepatomegaly
- ☐ Orchitis

Miscellaneous
- ☐ Jaundice
- ☐ Lymphadenopathy
- ☐ Pleurodynia
- ☐ Other_____

State of Illness
- ☐ Symptomatic
- ☐ Asymptomatic
- ☐ Chronic
- ☐ Localized
- ☐ Disseminated

COMPLETE THE INFORMATION ON THE REVERSE SIDE OF THIS FORM

Please Include Species Information and Dates of Contact/Exposure

☐ Contact With And / Or ☐ Exposure To

Insects _____ Birds _____

Animals _____ Human Cases _____

Other _____

Similar Infection: Family? ☐ No ☐ Yes: Or Community? ☐ No ☐ Yes

Recent travel? ☐ No ☐ Yes Location/Date: _____

Treatment:	Drugs Used	☐ None	Date Begun (Month/Day/Year)	Date Completed (Month/Day/Year)
	1.			
	2.			
	3.			

Related Immunizations	Month/Year	Recent Vaccinations	Month/Year
1.		1.	
2.		2.	
3.		3.	

Submitting Lab _____

Address _____

_____

Phone _____

Fax _____

Contact Person _____

Physician's Name _____

Address _____

_____

Phone _____

Fax _____

MAILING ADDRESS

INDIANA STATE DEPARTMENT OF HEALTH LABORATORIES
550 W. 16th STREET, SUITE B
INDIANAPOLIS, IN 46202-2203
(317) 921- 5500

SHIPPING ADDRESS (FOR COURIER/DROP-OFF)

INDIANA STATE DEPARTMENT OF HEALTH LABORATORIES
550 W. 16TH STREET, SUITE B
INDIANAPOLIS, IN 46202
(317) 921-5500

SPECIAL INSTRUCTIONS

SEROLOGY/VIRAL ANTIBODY

Submit 3ml serum collected at onset of illness followed by a convalescent serum drawn 2-3 weeks later (3-4 weeks for Legionnaires Disease). Alternatively, hold the acute for the convalescent serum and send together. Use sterile tubes with leak proof screw cap lids.

Serum specimens may be shipped without refrigeration in suitable mailing containers (e.g., ISDH type 9A)

VIRUS CULTURE

Collect specimen for virus culture as early as possible in the acute stage of illness. The usual specimens collected, depending on the virus suspected: NP swabs or throat swabs, stools or rectal swabs, cerebrospinal fluid, effusion fluid, vesicle fluids, lesion swabs or scrapings, biopsy tissue, and postmortem tissues. Use viral transport media for all swabs.

Refrigerate specimens for virus culture immediately after collection. Ship specimens within 24 hours, using ice packs in a heavily insulated box. Pack to prevent breakage or spillage and to conform to shipping regulations.

Freeze specimens for virus culture if they cannot be delivered within 24 hours. Ship frozen specimens on 10 lb. dry ice in a heavily insulated box. **Do not ship on Friday**, hold in freezer for Monday shipping.

MOLECULAR/PCR

Norovirus stool specimens must remain cold from collection to delivery and be delivered within 24 hours of collection. Use container 7A.

Mycoplasma pneumoniae nasopharyngeal (NP) swabs in M4-3 transport media must remain cold from collection to delivery and be delivered within 24 hours of collection.

Ship for overnight delivery. **Do not ship on Friday**. Insulated containers must be enclosed within a cardboard outer shipping container.